PAIN DIARY

Use this pain diary and pain rating scale to record your pain. (You may want to photocopy this sheet before writing on it.)

0	1	2	3	4	5	6	7	8	9	10
No pain									Wors imagi	t pain inable

Date	Time	Pain Rating (0-10) see scale	Pain medication (name, dose, how often taken)	Other pain-relief methods tried	Side effects from pain medication	
June 6 8 am		6	Morphine 30 mg every 4 hrs	massage	constipation	

Doctor's Name	
Address	
Phone	
Nurse's Name	
Address	
Phone	
Pharmacist's Name	
Address	
Phone	
Other	
Address	
Phone	
Questions to Ask	